

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED AUG 14 1961

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| Length of stay in 1b _____ | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u> | | d. STREET ADDRESS (If outside, give location) <u>3701 Palm Avenue</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>H.</u> Last <u>Hatch</u> | | | 4. DATE OF DEATH Month <u>8</u> Day <u>5</u> Year <u>61</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-6-1911</u> | 9. AGE (last birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shell Molder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>American Brake Shoe Co.</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Robert Hatch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lillie Ann Johnson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Helma I. Hatch</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW2</u> | | 16. SOCIAL SECURITY NO. <u>WW2</u> | | 17. INFORMANT Address <u>Helma I. Hatch 3701 Palm Avenue</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of right lung respiratory insufficiency</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Operative da</u> |
| DUE TO (b) <u>Metastases, pluro diaphragm and left due</u> | | |
| DUE TO (c) <u>163X</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary fibrosis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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21. I attended the deceased from 6-20-61 to 8-5-61 and last saw her alive on 8-5-61
 Death occurred at 6:10 a.m. on 8-5-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>F. Petrus</u> (Deceased or Jailer) | 22b. ADDRESS <u>3720 Washington Ave</u> | 22c. DATE SIGNED <u>8/7/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8-10-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>End. W. Roberts</u> | ADDRESS <u>1416 N. Taylor Avenue</u> | 25. DATE RECD. BY LOCAL REG. <u>AUG 7 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 MEDICAL CERTIFICATION _____
 DOCUMENT _____
 INSTEAD OF _____
 DATE AMENDED _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. ~~468~~

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A Carter

Licensed Embalmer No. 468

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.